

# DECLARATION FOR USA PATENT APPLICATION

(including Design and National Stage PCT)

Attorney's Docket ID:

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below adjacent to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**"Ear duct cleaning device"**

the specification of which:

☒ is attached hereto.

(or)

was filed on , as U.S. Application No. or PCT International Application No. , and (if applicable) was amended on .

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, where priority is not claimed, any foreign application for patent or inventor's certificate, or any PCT International application, having a filing date before that of the application on which priority is claimed. ( ☐ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET )

Prior Foreign Application No.

Country

Day/Month/Year Filed

Priority Not Claimed

GE2002A000079

ITALY

04 September 2002

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s), or 365(c) of any PCT application designating the U.S., listed below; and insofar as the subject matter of each claim of this application is not disclosed in the prior U.S. or PCT application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application. ( ☐ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET )

U.S. or PCT Parent Application No.

Parent Filing Date (Day/Month/Year)

Parent Patent No. (if applicable)

As a named inventor, I hereby appoint the registered practitioners of **LARSON & TAYLOR, PLC** associated with **Customer Number 000881** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to that Customer Number.

Direct all telephone calls to

at TEL (703) 739-4900 (Fax: 703-739-9577) e-mail:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1000 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR		Citizenship	Italian
Given Name (first and middle [if any])	Corrado	Family Name or Surname	DI CECCO
Full Post Office Address	Corso Italia 61		
Residence - City, State/Country (if different from PO address)	I-17027 PIETRA LIGURE, Italy		
SIGN AND DATE HERE Inventor's Signature		Date 13 August 2003	

SECOND JOINT INVENTOR (if any)		Citizenship
Given Name (first and middle [if any])		Family Name or Surname
Full Post Office Address		
Residence - City, State/Country (if different from PO address)		
SIGN AND DATE HERE Inventor's Signature		Date

THIRD JOINT INVENTOR (if any)		Citizenship
Given Name (first and middle [if any])		Family Name or Surname
Full Post Office Address		
Residence - City, State/Country (if different from PO address)		
SIGN AND DATE HERE Inventor's Signature		Date

FOURTH JOINT INVENTOR (if any)		Citizenship
Given Name (first and middle [if any])		Family Name or Surname
Full Post Office Address		
Residence - City, State/Country (if different from PO address)		
SIGN AND DATE HERE Inventor's Signature		Date

LARSON & TAYLOR, PLC • 1199 North Fairfax Street • Suite 900 • Alexandria Virginia 22314

11/98